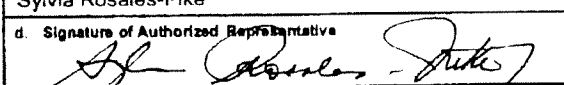


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

| | | | |
|---|---------------|---|---|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 07/15/2003 | Applicant Identifier SBAHQ-01-Y-0150 |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier 3201600Z1032 |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: The New America Foundation | | Organizational Unit: Same | |
| Address (give city, county, state, and zip code): 2974 Adeline Street Berkeley, CA 94703 | | Name and telephone number of the person to be contacted on matters involving this application (give area code): Sylvia Rosales-Fike (510) 540-7785 x303 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3342658 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N | |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): | | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): non-profit organization | |
| | | 9. NAME OF FEDERAL AGENCY: U.S. Small Business Administration | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-049 TITLE: Microenterprise PRIME | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Assets 2000 Virtual Business Incubator (Training & Technical Assistance Components) | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Francisco, Contra Costa, and Alameda Counties | | | |
| 13. PROPOSED PROJECT: Start Date: 09/30/2003 Ending Date: 09/29/2004 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 9 b. Project: 7, 8, 10, & 13 | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 85,000.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/15/2003 | |
| b. Applicant | \$.00 | b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 | |
| c. State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW | |
| d. Local | \$.00 | | |
| e. Other | \$ 42,500.00 | | |
| f. Program Income | \$.00 | 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ 127,500.00 | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Typed Name of Authorized Representative Sylvia Rosales-Fike | | b. Title President & CEO | c. Telephone number (510) 540-7785 |
| d. Signature of Authorized Representative  | | e. Date Signed 7/10/03 | |

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

| | | | |
|--|--|--|---------------------------------------|
| 1. Type of Submission: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Nonconstruction <input type="checkbox"/> Nonconstruction | | 2. Date Submitted | Applicant Identifier |
| 3. Date Rec'd by State | | State Application Identifier | |
| 4. Date Rec'd by Federal | | Federal Identifier | |
| 5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814 | | Organizational Unit: Office of Statewide Initiatives Name and telephone of person to be contacted on matters involving this application (give area code): Jeff Barnickol (916) 341-5270 | |
| 6. Employer Identification Number (EIN): 68--0281986 | | 7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) | |
| 8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) | | 9. Name of Federal Agency: U. S. Environmental Protection Agency | |
| 10. Catalog of Federal Domestic Assistance Number 66.608 Title: State Information Grants | | 11. Descriptive Title of Applicant's Project: Electronic Self-Monitoring System and PCS data upload development. NEIEN is to develop and link data bases at all levels of government to accomplish the intended exchange of data. | |
| 12. Area Affected by Project: (cities, counties, states, etc.) California | | 14. Congressional District of: Applicant: Project: 3 California - All | |
| 13. Proposed Project: Start Date End Date 7/1/03 9/30/05 | | 16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: July 15, 2003 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review | |
| 15. ESTIMATED FUNDING: a. Federal "In-Kind" \$1,200,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$1,200,000 | | 17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Typed Name of Authorized Representative Celeste Cantu | | b. Title: Executive Director | c. Telephone Number (916) 341-5615 |
| d. Signature of Authorized Representative | | e. Date Signed: | |

APPLICATION FOR
FEDERAL ASSISTANCE

| | | | |
|--|--|------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION: | | 2. DATE SUBMITTED 7/15/03 | Applicant Identifier |
| Application | Preapplication | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input checked="" type="checkbox"/> Construction | <input checked="" type="checkbox"/> Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| <input type="checkbox"/> Non-Construction | <input type="checkbox"/> Non-Construction | | |

5. APPLICANT INFORMATION

| | |
|---|---|
| Legal Name: CITY OF TEHACHAPI | Organizational Unit: TEH. CITY FIRE |
| Address (give city, county, state, and zip code): 115 SOUTH CURRY STREET TEHACHAPI, CA. 93561 | Name and telephone number of person to be contacted on matters involving this application (give area code): TIMOTHY B. McLAUGHLIN (661) 822-2230 |

6. EMPLOYER IDENTIFICATION (EIN):

9 5 - 6 0 0 0 8 0 1

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ C

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School Dist.

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

USDA COMMUNITY FACILITIES

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 6

TITLE: USDA RUAL DEVELOPMENT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

ENGINE HOUSE FOR FIRE STATION

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

City of tehachapi, Kern County

13. PROPOSED PROJECT

| | |
|------------|-------------|
| Start Date | Ending Date |
| 10/1/03 | 1/1/04 |

14. CONGRESSIONAL DISTRICTS OF:

27

a. Applicant

City of Tehachapi

b. Project

ENGINE HOUSE

15. ESTIMATED FUNDING

| | | |
|-------------------|----|------------|
| a. Federal | \$ | 70,936.00 |
| b. Applicant | \$ | 10,000.00 |
| c. State | \$ | |
| d. Local | \$ | |
| e. Other | \$ | 20,000.00 |
| f. Program Income | \$ | |
| g. Total | \$ | 100,936.00 |

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 7/15/03

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☐ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|--|------------------------|---------------------------------------|
| a. Type Name of Authorized Representative TIMOTHY B. McLAUGHLIN | b. Title FIRE CHIEF | c. Telephone Number (661) 822-2230 |
| d. Signature of Authorized Representative Timothy B. McLaughlin | | e. Date Signed 7/15/03 |

Previous Edition Usable
AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 424 (REV. 4-82)
Prescribed by OMB Circular A-102

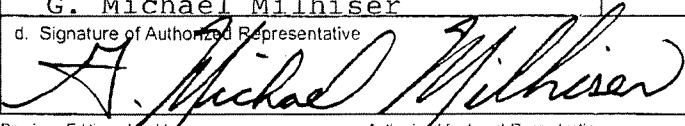
APPLICATION FOR FEDERAL ASSISTANCE

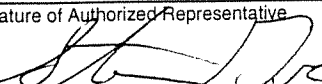
OMB Approval No. 0348-004

| | | | | | |
|---|--|---|---|---------------------------------------|--|
| 1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED July 12, 2003 | | Applicant Identifier | |
| <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: Think First Nat'l. Injury Prevention Foundation | | | Organizational Unit: N/A | | |
| Address (give city, county, State, and zip code): 5550 Meadowbrook Dr., Ste. Rolling Meadows, IL 60008-3852 | | | Name and telephone number of person to be contacted on matters involving this application (give area code): Dorothy Zirkle (858) 780-9599 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 36-3780822 | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | | | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-profit</u> | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-600 TITLE: State & Community Highway Safety | | | 9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation Nat'l. Highway Traffic Safety Administration | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CA - San Diego County; DE - Wilmington & Milford; IL - Chicago area; SC - Charleston area | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Boost 'em Up: A Booster Seat Demonstration Program | | |
| 13. PROPOSED PROJECT Start Date: 9/15/03 Ending Date: 9/14/06 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: IL - 6th b. Project: CA - 52nd; DE - At Large; IL - 4th & 6th; SC - 1st | | | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | | |
| a. Federal \$ 296,291 | | a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/12/03 | | | |
| b. Applicant \$ 4,875 | | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| c. State \$ 7,025 | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | | |
| d. Local \$ 0 | | | | | |
| e. Other \$ 66,020 | | | | | |
| f. Program Income \$ 0 | | | | | |
| g. TOTAL \$ 374,211 | | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Type Name of Authorized Representative Dorothy Zirkle | | b. Title Chief Executive Officer | | c. Telephone Number (858) 780-9599 | |
| d. Signature of Authorized Representative | | e. Date Signed July 12, 2003 | | | |

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

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|---|--------------------------|--|---|--|--|
| 1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED July 15, 2003 | | Applicant Identifier N/A | |
| | | 3. DATE RECEIVED BY STATE | | State Applicant Identifier N/A | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier N/A | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: Upland Police Department | | | Organizational Unit: | | |
| Address (give city, county, state, and zip code): 1499 West 13th Street Upland, CA 91786 | | | Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Fabian Villenas Phone: (909) 931-4303 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000805 | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____ | | | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1 6 . 7 1 0 </div> TITLE: 2003 Technology grant program | | | 9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Upland | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Joint Police-Fire Dispatch Communication Center | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICTS OF: | | | |
| Start Date 2/20/2003 | Ending Date 2/19/2004 | a. Applicant 26th District | | b. Project 26th District | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | | |
| a. Federal | \$ 347725.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE July 14, 2003 | | | |
| b. Applicant | \$.00 | b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| c. State | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | | |
| d. Local | \$.00 | | | | |
| e. Other | \$.00 | | | | |
| f. Program Income | \$.00 | | | | |
| g. TOTAL | \$ 347,725.00 | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Typed Name of Authorized Representative G. Michael Milhiser | | b. Title City Manager | | c. Telephone number 909 931-4106 | |
| d. Signature of Authorized Representative  | | | | e. Date Signed July 15, 2003 | |

| | | | | | |
|--|--------------------------------|---|---|--|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED July 9, 2003 | | Applicant Identifier | |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: Port of Oakland | | | Organizational Unit: City of Oakland acting by and through its Board of Port Commissioners (Port of Oakland) | | |
| Address (give city, county, state, and zip code) 530 Water Street Oakland, CA 94607 | | | Name and telephone number of the person to be contracted on matters involving this application (give area code) Douglas Mansel (510) 627-1335 | | |
| EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">-</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) C | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> A Increase Award B Decrease Award C Increase Duration </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> D Decrease Duration Other (specify) </div> | | | A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) | | |
| | | | 9. NAME OF FEDERAL AGENCY Federal Aviation Administration | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Airport Improvement Program (AIP) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">2</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">0</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">.</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">1</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">0</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">6</div> </div> | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design and Construct In-Line Explosives Detection Systems (EDS), Terminal 2, Oakland International Airport | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Oakland | | | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <div style="text-align: center; margin: 5px 0;">JUL 11 2003</div> <div style="font-size: 1.5em; font-weight: bold; letter-spacing: 0.2em;">STATE CLEARING HOUSE</div> </div> | | |
| 13. PROPOSED PROJECT | | | | | |
| Start Date July 2003 | Ending Date May 2006 | 14. CONGRESSIONAL DISTRICTS OF | | | |
| | | a. Applicant 7 | b. Project 4 | | |
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS | | | |
| a. Federal | \$ 11,250,000 .00 | a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 9, 2003 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| b. Applicant | \$ 2,750,000 .00 | | | | |
| c. State | \$. | | | | |
| d. Local | \$. | | | | |
| e. Other | \$. | | | | |
| f. Program income | \$. | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | |
| g. TOTAL | \$ 14,000,000 .00 | <input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED | | | | | |
| a. Typed Name of Authorized Representative Steven J. Grossman | | b. Title Director of Aviation | | c. Telephone number (510) 627-1133 | |
| d. Signature of Authorized Representative  | | | | e. Date Signed July 9, 2003 | |

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|--|--|---|--|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY | Applicant Identifier State Application Identifier Federal Identifier |
|--|--|---|--|

| | | |
|---|--|---|
| 5. APPLICANT INFORMATION Legal Name: California Department of Toxic Substances Control Address (give city, county, State, and zip code): 1001 I Street - P.O. Box 806 Sacramento, California 95812-0806 | | Organizational Unit: Hazardous Waste Management Program Name and telephone number of person to be contacted on matters involving this application (give area code): Karl Palmer (916) 445-2625 |
|---|--|---|

| | |
|---|--|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 1 3 4 7 </div> | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">A</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> |
|---|--|

| | |
|---|--|
| 8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div> | 9. NAME OF FEDERAL AGENCY: Environmental Protection Agency |
|---|--|

| | |
|--|---|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"> 6 6 - 8 0 8 </div> TITLE: Lamp Recycling Outreach Grant | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development and Implementation of a Mercury Lamp Recycling Outreach Program |
|--|---|

| | | |
|---|--|---|
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 11 2003 </div> |
|---|--|---|

| | | |
|-----------------------------|--|--|
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex;"> <div style="width: 30%;"> Start Date 9/03 </div> <div style="width: 30%;"> Ending Date 9/08 </div> <div style="width: 40%;"> a. Applicant Statewide </div> </div> | |
|-----------------------------|--|--|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|--------|--------|-----|--------------|----|--|-----|----------|----|--|-----|----------|----|--|-----|----------|----|--|-----|-------------------|----|--|-----|----------|----|--------|-----|--|
| 15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">75,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">75,000</td> <td style="text-align: right;">.00</td> </tr> </table> | a. Federal | \$ | 75,000 | .00 | b. Applicant | \$ | | .00 | c. State | \$ | | .00 | d. Local | \$ | | .00 | e. Other | \$ | | .00 | f. Program Income | \$ | | .00 | g. TOTAL | \$ | 75,000 | .00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>7/14/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal | \$ | 75,000 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Program Income | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | 75,000 | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |
|---|--|

| | | |
|--|-----------------------------|---------------------------------------|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | |
| a. Type Name of Authorized Representative Watson Gin | b. Title Deputy Director | c. Telephone Number (916) 322-3501 |
| d. Signature of Authorized Representative | | e. Date Signed <u>7/8/2003</u> |

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 7-10-03 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|--|-------------------------------------|
| Legal Name: City of Ferndale | Organizational Unit: City |
| Address (give city, county, State, and zip code): P. O. Box 1095 Ferndale, CA 95536 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000332 | |

7. TYPE OF APPLICANT: (enter appropriate letter in box)

| | |
|---|--|
| A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District | H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ |
|---|--|

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 U.S.D.A.
 Rural Utilities Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 10-760
TITLE: Water and Waste Disposal Loan and Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Ferndale Wastewater
 System Improvement Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): program
 City of Ferndale, Calif. and sphere of influence

| | |
|--|--|
| 13. PROPOSED PROJECT Start Date: 6/2003 Ending Date: 6/2007 | 14. CONGRESSIONAL DISTRICTS OF: First Congressional District of California |
|--|--|

| | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|-----|-----|--------------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|----------|----|---|--|
| 15. ESTIMATED FUNDING: <table style="width:100%;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">0</td></tr> </table> | a. Federal | \$ | .00 | b. Applicant | \$ | .00 | c. State | \$ | .00 | d. Local | \$ | .00 | e. Other | \$ | .00 | f. Program Income | \$ | .00 | g. TOTAL | \$ | 0 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>June 24, 2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| f. Program Income | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | 0 | | | | | | | | | | | | | | | | | | | | |

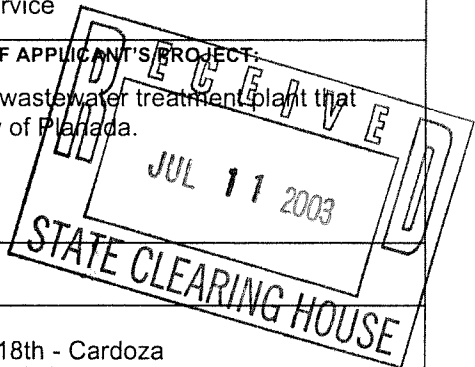
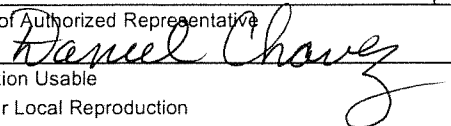
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|---|---------------------------------|--|
| a. Type Name of Authorized Representative Mike Bonner | b. Title City Manager | c. Telephone Number (707) 786-4224 |
| d. Signature of Authorized Representative | | e. Date Signed 7-10-03 |

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|---|---|---------------------------------------|
| | | 2. DATE SUBMITTED July 8, 2003 | Applicant Identifier |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier | |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: Planada Community Services District | | Organizational Unit: N/A | |
| Address (give city, county, State, and zip code): Merced County, P.O. Box 905 Planada, CA 95365 | | Name and telephone number of person to be contacted on matters involving this application (give area code) Mr. Daniel Chavez 209-382-0213 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 — 1704646 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right;">G</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District</div> <div>H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____</div> </div> | |
| 8. TYPE OF APPLICATION: <div style="text-align: center;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ _____ | | 9. NAME OF FEDERAL AGENCY: USDA Rural Utility Service | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">10 — 760</div> TITLE: Water & Waste Disposal Systems for Rural Comm. | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Upgrade and expand wastewater treatment plant that serves the community of Planada. | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community and environs of Planada. | |  | |
| 13. PROPOSED PROJECT | | | |
| Start Date 9/1/03 | Ending Date 8/1/04 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th - Cardoza | |
| b. Project 18th - Cardoza | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/30/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| 15. ESTIMATED FUNDING: | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |
| a. Federal | \$ 4,872,000.00 | | |
| b. Applicant | \$.00 | | |
| c. State | \$.00 | | |
| d. Local | \$.00 | | |
| e. Other | \$.00 | | |
| f. Program Income | \$.00 | | |
| g. TOTAL | \$ 4,872,000.00 | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Type Name of Authorized Representative Daniel Chavez | | b. Title President | c. Telephone Number (209) 382-0213 |
| d. Signature of Authorized Representative  | | e. Date Signed 7-8-03 | |

DOT



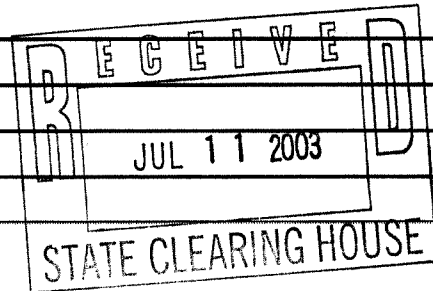
FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

| | |
|----------------------|-------------------------------|
| Recipient ID: | 1647 |
| Recipient Name: | CITY OF CULVER CITY |
| Project ID: | CA-90-Y032-01 |
| Budget Number: | 2 - Budget Pending Approval |
| Project Information: | Enhanced Wash. Blvd. lighting |



Part 1: Recipient Information

| | |
|-----------------|---|
| Project Number: | CA-90-Y032-01 |
| Recipient ID: | 1647 |
| Recipient Name: | CITY OF CULVER CITY |
| Address: | 4343 Duquesne Avenue , CULVER CITY, CA 90232 3576 |
| Telephone: | (310) 253-6543 |
| Facsimile: | (310) 253-6513 |

Part 2: Project Information

| | | | |
|----------------------|-------------------------------|----------------------|----------------|
| Project Type: | Grant | Gross Project Cost: | \$0 |
| Project Number: | CA-90-Y032-01 | Adjustment Amt: | \$0 |
| Project Description: | Enhanced Wash. Blvd. lighting | Total Eligible Cost: | \$0 |
| Recipient Type: | City | Total FTA Amt: | \$0 |
| FTA Project Mgr: | Ray Tellis 213.202.3956 | Total State Amt: | \$0 |
| Recipient Contact: | Andre Colaiace 310.253.6543 | Total Local Amt: | \$0 |
| New/Amendment: | Amendment | Other Federal Amt: | \$0 |
| Amend Reason: | Other | Special Cond Amt: | \$0 |
| Fed Dom Asst. #: | 20507 | Special Condition: | None Specified |
| Sec. of Statute: | 5307 | S.C. Tgt. Date: | None Specified |
| State Appl. ID: | None Specified | S.C. Eff. Date: | None Specified |
| Start/End Date: | Mar. 21, 2004 - Dec. 31, 2004 | Est. Oblig Date: | None Specified |
| Recvd. By State: | | | |

| | | | |
|---|----------------|-----------------------|-----|
| EO 12372 Rev: | YES | Pre-Award Authority?: | Yes |
| Review Date: | Jun. 30, 2003 | Fed. Debt Authority?: | No |
| Planning Grant?: | NO | Final Budget?: | Yes |
| Program Date (STIP/UPWP/FTA Prm Plan) : | Oct. 04, 2002 | | |
| Program Page: | None Specified | | |
| Application Type: | Electronic | | |
| | | | |
| Supp. Agreement?: | Yes | | |
| Debt. Delinq. Details: | | | |

Urbanized Areas

| UZA ID | UZA Name |
|--------|--|
| 60020 | LOS ANGELES--LONG BEACH--SANTA ANA, CA |

Congressional Districts

| State ID | District Code | District Official |
|----------|---------------|-------------------|
| 6 | 32 | Hilda L Solis |

Project Details

AMENDMENT No. 1:

This project would seek to amend this grant to increase passenger safety and security through the improvement of lighting near bus stops along Washington Blvd. Older street lights will be replaced with newer, more luminescent lights that will substantially improve lighting along this important transit corridor.

\$112,000 in federal funds previously provided for Activity Line Items (ALIs) 11.92.09 - Purchase Enhanced ADA Access and 11.93.09 - Construct Enhanced ADA Access will be moved the new ALI 11.94.03 to provide funds for the above project. There is no change in the federal amount or total amount of this grant as a result of this amendment.

This project is in Amendment#3 of the 2002/03 TIP with a project ID of LAOD104.

Approximately, \$112,000 in federal funds remain in this grant to fund this project. \$28,000 in Proposition C Local Return funds will be used as local match for this project.

This project will be constructed within the borders of Culver City, CA in the County of Los Angeles.

Culver CityBus' service area encompasses Culver City and the communities of Blair Hills, Century City, Marina Del Ray, Mar Vista, Palms, Rancho Park, Venice, West Los Angeles and Westwood. The service area covers approximately 40 square miles and serves a population of just under 300,000. Culver CityBus served an estimated 5 million passengers in 2002.

The Culver CityBus service area is also served by Torrance Transit, Santa Monica's Big Blue Bus, LACMTA and the Green Line Shuttle service.

All DOL application checklist items have been addressed.

Part 3: Budget

Project Budget

| | Quantity | FTA Amount | Tot. Elig. Cost |
|---|----------|--------------|---------------------|
| <u>SCOPE</u> | | | |
| 111-00 BUS - ROLLING STOCK | 16 | \$764,431.00 | \$933,200.00 |
| <u>ACTIVITY</u> | | | |
| 11.92.09 PURCHASE ENHANCED ADA ACCESS | 0 | \$150,735.00 | \$188,418.00 |
| 11.93.09 CONSTRUCT ENHANCED ADA ACCESS | 0 | \$7,265.00 | \$9,082.00 |
| 11.12.01 BUY REPLACEMENT 40-FT BUS | 2 | \$494,431.00 | \$595,700.00 |
| 11.94.03 REHAB/RENOV LANDSCAPING / SCENIC BEAUTIFICATION | 14 | \$112,000.00 | \$140,000.00 |
| | | | |
| Estimated Total Eligible Cost: | | | \$933,200.00 |
| | | | |
| Federal Share: | | | \$764,431.00 |
| | | | |
| Local Share: | | | \$168,769.00 |

OTHER (Scopes and Activities not included in Project Budget Totals)

None

SOURCES OF FEDERAL FINANCIAL ASSISTANCE

| <u>UZA ID</u> | <u>Accounting Classification</u> | <u>FPC</u> | <u>FY</u> | <u>SEC</u> | <u>Previously Approved</u> | <u>Amendment Amount</u> | <u>Total</u> |
|--|----------------------------------|------------|-----------|------------|----------------------------|-------------------------|---------------------|
| 60020 | 1998.21.90.TE.1 | 00 | 2003 | 90 | \$5,198.00 | \$0.00 | \$5,198.00 |
| 60020 | 1999.21.90.TE.1 | 00 | 2003 | 90 | \$152,721.00 | \$0.00 | \$152,721.00 |
| 60020 | 2000.21.90.91.1 | 00 | 2003 | 90 | \$494,431.00 | \$0.00 | \$494,431.00 |
| 60020 | 2000.21.90.TE.1 | 00 | 2003 | 90 | \$112,081.00 | \$0.00 | \$112,081.00 |
| | | | | | | | |
| Total Previously Approved: | | | | | | | \$764,431.00 |
| | | | | | | | |
| Total Amendment Amount: | | | | | | | \$0.00 |
| | | | | | | | |
| Total from all Funding Sources: | | | | | | | \$764,431.00 |

| | | | | | |
|---|-------------------------------|---|---|--|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED July 2003 | | 3. IDENTIFIER | |
| 1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: Imperial County, California | | | Organizational Unit: Imperial County Board of Supervisors | | |
| Address (give city, county, state, and zip code) Imperial County Board of Supervisors 940 W. Main Street El Centro, CA 92243 | | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Ken Hollis, Director Imperial County Community & Economic Development (760) 337-7814 | | |
| EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;">9 5 - 6 0 0 0 9 2 4</div> | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) B | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A Increase Award <input type="checkbox"/> B Decrease Award <input type="checkbox"/> C Increase Duration <input type="checkbox"/> D Decrease Duration Other (specify) | | | A. State H. Interdependent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) | | |
| | | | 9. NAME OF FEDERAL AGENCY Federal Aviation Administration <div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block; text-align: center;"> RECEIVED JUL 10 2003 STATE CLEARINGHOUSE </div> | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">2 0 . 1 0 6</div> | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Commercial Service Airport Feasibility/Site Selection Study | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Imperial & San Diego Counties, California Cities of El Centro, Imperial, Brawley, Calexico & San Diego, California | | | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF | | | |
| Start Date 8/1/03 | Ending Date 9/30/04 | a. Applicant #51 | | b. Project #51 | |
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | | |
| a. Federal | \$ 400,000 .00 | a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: July 8, 2003 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| b. Applicant | \$ 0 .00 | | | | |
| c. State | \$ 0 .00 | | | | |
| d. Local | \$ 44,444 .00 | | | | |
| e. Other | \$ 0 .00 | | | | |
| f. Program Income | \$ 0 .00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | |
| g. TOTAL | \$ 444,444 .00 | <input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED | | | | | |
| a. Typed Name of Authorized Representative Joe Maruca | | b. Title Chairman, Board of Supervisors | | c. Telephone number (760) 482-4290 | |
| d. Signature of Authorized Representative | | | | e. Date Signed X 07-08-03 | |

Previous Editions Not Usable

Authorized for Local Reproduction

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

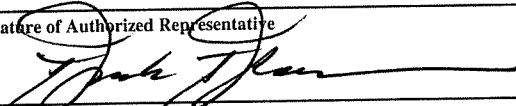
APPLICATION FOR FEDERAL ASSISTANCE

| | | | | | |
|---|--|--|---|--|--|
| 1. TYPE OF SUBMISSION: <i>Application</i> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED | | Applicant Identifier | |
| Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name Los Angeles County Metropolitan Transportation Authority | | | Organizational Unit: Programming and Policy Analysis | | |
| Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952 | | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75 | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | | |
| 8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input checked="" type="checkbox"/> If Revision, enter appropriate letter(s) in box(es): A A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify) | | | A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 500 TITLE 49 U.S.C. § 5309 | | | 9. NAME OF FEDERAL AGENCY: Federal Transit Administration | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) City of Compton, County of Los Angeles, CA | | | 11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Sub-recipient Grantee – Vehicles and Intermodal Facility, CA-03-0594-01 | | |
| 13. PROPOSED PROJECT Start Date 07-01-2003 | | 14. CONGRESSIONAL DISTRICTS OF Ending Date 12/31/2004 | | a. Applicant District 37 | |
| | | | | b. Project Same as Applicant | |

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STATE CLEARING HOUSE

| | | | |
|--|---------------|--|---|
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS? | |
| a Federal | \$ 247,579.00 | a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>7/8/2003</u> | |
| b Applicant | \$.00 | b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 | |
| c State | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d Local | \$ 61,895.00 | | |
| e Other | \$.00 | | |
| f Program Income | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No | |
| g TOTAL | \$ 309,474.00 | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED | | | |
| a Typed Name of Authorized Representative FRANK FLORES | | b Title Deputy Executive Officer, Programming & Policy Analysis | c Telephone number (213) 922-2456 |
| d. Signature of Authorized Representative  | | e. Date Signed 07-08-03 | |

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

| | |
|----------------------|--|
| Recipient ID: | 5566 |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY |
| Project ID: | CA-03-0508-05 |
| Budget Number: | 6 - Budget Pending Approval |
| Project Information: | FFGA-Metro Gold Line Eastside Extension |

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Part 1: Recipient Information

| | |
|-----------------|--|
| Project Number: | CA-03-0508-05 |
| Recipient ID: | 5566 |
| Recipient Name: | LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY |
| Address: | ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932 |
| Telephone: | (213) 922-2459 |
| Facsimile: | (213) 922-2476 |

Part 2: Project Information

| | | | |
|----------------------|---|----------------------|----------------|
| Project Type: | Grant | Gross Project Cost: | \$877,232,188 |
| Project Number: | CA-03-0508-05 | Adjustment Amt: | \$0 |
| Project Description: | FFGA-Metro Gold Line Eastside Extension | Total Eligible Cost: | \$877,232,188 |
| Recipient Type: | Transit Authority | Total FTA Amt: | \$686,413,718 |
| FTA Project Mgr: | Ray Tellis 213.202.3956 | Total State Amt: | \$0 |
| Recipient Contact: | Charlene Lee Lorenzo 213.922.2462 | Total Local Amt: | \$190,818,470 |
| New/Amendment: | Amendment | Other Federal Amt: | \$0 |
| Amend Reason: | Other | Special Cond Amt: | \$0 |
| | | Special Condition: | None Specified |
| | | S.C. Tgt. Date: | None Specified |
| Fed Dom Asst. #: | 20500 | S.C. Eff. Date: | None Specified |
| Sec. of Statute: | 5309 | Est. Oblig. Date: | None Specified |

| | |
|---|-------------------------------|
| State Appl. ID: | None Specified |
| Start/End Date: | Apr. 01, 2002 - Jun. 30, 2009 |
| Recvd. By State: | |
| EO 12372 Rev: | YES |
| Review Date: | Jun. 30, 2003 |
| Planning Grant?: | NO |
| Program Date (STIP/UPWP/FTA Prm Plan) : | Jan. 17, 2003 |
| Program Page: | 29 |
| Application Type: | Electronic |
| | |
| Supp. | No |
| Agreement?: Debt. Delinq. Details: | |

| | |
|--------------------------|-----|
| Pre-Award Authority?: | Yes |
| Fed. Debt Authority?: | No |
| Final Budget?: | No |

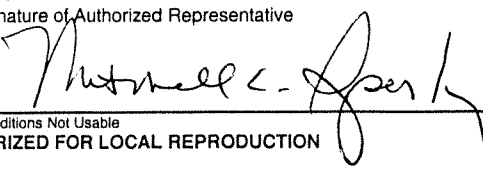
Urbanized Areas

| UZA ID | UZA Name |
|-----------|--|
| 60020 | LOS ANGELES--LONG BEACH--SANTA ANA, CA |

Congressional Districts

| State ID | District Code | District Official |
|----------|---------------|-----------------------|
| 6 | 29 | Adam B Schiff |
| 6 | 31 | Xavier Becerra |
| 6 | 32 | Hilda L Solis |
| 6 | 34 | Lucille Roybal-Allard |

APPLICATION FOR FEDERAL ASSISTANCE

| | | | | |
|---|--------------------------------------|---|---|--|
| 1. TYPE OF SUBMISSION Application Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY | | Applicant Identifier State Application Identifier Federal Identifier |
| 5. APPLICANT INFORMATION | | | | |
| Legal Name: Housing Authority of the County Of Merced | | Organizational Unit: Housing Authority | | |
| Address (give city, county, state, and zip code): 405 U Street Merced, CA 95340 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Nick Benjamin (209) 722-3501, ext. 103 | | |
| 6. EMPLOYER IDENTIFICATION (EIN): <u>94 - 6003432</u> | | 7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>Housing Authority</u> | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): | | NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10 - 405</u> TITLE: FmHA 514/516 Farm Labor Housing | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replace 52 units of year-round farm labor housing, two manager's units, office/shop building, child care facility and laundry building located in the town of Planada, Merced County. Two of the 52 units will be used for migrant labor housing. | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Town of Planada, Merced County, California | | | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICT OF: | | |
| Start Date June 1, 2004 | End Date November 30, 2005 | a. Applicant 18 | b. Project 18 | |
| 15. Estimated Funding: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON DATE <u>3/27/03</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | |
| a. Federal \$ 3,000,000.00 | b. Applicant \$ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | | |
| c. State-JSJ Farmworker Housing Grant \$ 3,000,000.00 | d. Local - land donation \$ | | | |
| e. Other - State rental subsidy \$ | f. Program Income \$ | | | |
| g. TOTAL \$ 6,000,000.00 | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | |
| a. Typed Name of Authorized Representative Mitchell Sperling | | b. Title Executive Director | c. Telephone Number (209) 722-3501, ext 108 | |
| d. Signature of Authorized Representative  | | | e. Date Signed | |

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE REVISION

| | | | |
|---|--|---|------------------------------|
| 1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____ | | 2. Date Submitted | Applicant Identifier |
| 5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814 | | 3. Date Rec'd by State | State Application Identifier |
| 6. Employer Identification Number (EIN): 68--0281986 | | 4. Date Rec'd by Federal | Federal Identifier |
| 8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____ | | Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522 | |
| 10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control_ State and Interstate Program Support | | 7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) | |
| 12. Area Affected by Project: (cities, counties, states, etc.) California - Statewide | | 9. Name of Federal Agency: U. S. Environmental Protection Agency | |
| 13. Proposed Project: Start Date End Date July 1, 2003 June 30, 2008 | | 11. Descriptive Title of Applicant's Project: To establish and maintain adequate measures for prevention and control of surface and ground water pollution. | |
| 15. ESTIMATED FUNDING: a. Federal \$6,611,630 b. Applicant \$0 c. State \$8,907,386 d. Local \$0 e. Other - "In-Kind" Assistance \$3,460,970 f. Program Income \$0 g. TOTAL \$18,979,986 | | 14. Congressional District of: Applicant: Project: 3 California - All | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | 16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: July 10, 2003 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review. | |
| a. Typed Name of Authorized Representative Celeste Cantú | | 17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ NO | |
| b. Title: Executive Director | | c. Telephone Number (916) 341-5615 | |
| d. Signature of Authorized Representative | | e. Date Signed: | |

APPLICATION FOR
FEDERAL ASSISTANCE

| | | | |
|---|--|---|--|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY | Applicant Identifier State Application Identifier Federal Identifier |
|---|--|---|--|

5. APPLICANT INFORMATION
 Legal Name: State of California
 Address (give city, county, State, and zip code):
 P. O. Box 419047
 Rancho Cordova, CA 95741-9047

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STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 - 6001347

7. TYPE OF APPLICANT: (enter appropriate letter in box) A

| | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) _____ |

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)

| | | |
|----------------------|------------------------|----------------------|
| A. Increase Award | B. Decrease Award | C. Increase Duration |
| D. Decrease Duration | Other (specify): _____ | |

9. NAME OF FEDERAL AGENCY:
 U. S. Department of Transportation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20 - 703

 TITLE: Hazardous Materials Emergency Preparedness Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Statewide

13. PROPOSED PROJECT:

| | | |
|------------|-------------|---------------------|
| Start Date | Ending Date | a. Applicant |
| 10/01/03 | 09/30/04 | State of California |

14. CONGRESSIONAL DISTRICTS OF:

15. ESTIMATED FUNDING:

| | | | |
|--------------------|----|--------------|-----|
| a. Federal | \$ | 968,081.00 | .00 |
| b. Applicant | \$ | | .00 |
| c. State | \$ | | .00 |
| d. Local | \$ | | .00 |
| e. Other (in-kind) | \$ | 242,021.00 | .00 |
| f. Program Income | \$ | | .00 |
| g. TOTAL | \$ | 1,210,102.00 | .00 |

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE: _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. X No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|---|----------------------|---------------------------------------|
| a. Type Name of Authorized Representative DALLAS JONES | b. Title DIRECTOR | c. Telephone Number (916) 848-8510 |
| d. Signature of Authorized Representative | | e. Date Signed 6-30-03 |

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|--------------------------------|---|---|
| 1. TYPE OF SUBMISSION: | | 2. DATE SUBMITTED July 10, 2003 | Applicant Identifier Tracking # 03-410 |
| <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: East Bay Habitat for Humanity, Inc. | | Organizational Unit: | |
| Address (give city, county, State, and zip code): 2619 Broadway Oakland, CA 94612 | | Name and telephone number of person to be contacted on matters involving this application (give area code): Jim Bergdoll, Project Manager, 510-251-6312 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3053687 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) 501(c)(3) Non-Prof | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-811 | | 9. NAME OF FEDERAL AGENCY: EPA; Project Officer: Susanne M. Perkins | |
| 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Edes Avenue Site Cleanup | | 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oakland, Alameda County, California | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date | Ending Date | a. Applicant #9 (CA) | b. Project #9 (CA) |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal (EPA) | \$ 200,000.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/10/03 | |
| b. Applicant | \$ 55,000.00 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| c. State | \$ 40,000.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| d. Local | \$ 234,580.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| e. Other Volunteer | \$ 24,000.00 | <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |
| f. Program Income | \$ 0.00 | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | |
| g. TOTAL | \$ 553,580.00 | | |
| a. Type Name of Authorized Representative Joel T. Mackey | b. Title Executive Director | c. Telephone Number 510-251-6314 | |
| d. Signature of Authorized Representative Joel T. Mackey | e. Date Signed 7/10/03 | | |

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

| | | | |
|---|--|---|--|
| 1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED | Applicant Identifier N/A |
| | | 3. DATE RECEIVED BY STATE | State Applicant Identifier N/A |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier N/A |

| | |
|---|--|
| 5. APPLICANT INFORMATION | |
| Legal Name: Santa Rosa, City of Address (give city, county, state, and zip code): 965 Sonoma Avenue Public Safety Building Santa Rosa, CA 95401 | Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Name: MICHELLE COMERFORD Phone: (707) 543-3561 |

| | |
|--|---|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000428 | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ |
|--|---|

| | |
|---|--|
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____ | 9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services |
|---|--|

| | |
|--|---|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1 6 . 7 1 0 </div> TITLE: 2003 Technology grant program | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MODERNIZING EQUIPMENT FOR CITYWIDE RADIO COMMUNICATIONS SITE. |
|--|---|

| | |
|--|--|
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): SANTA ROSA | |
|--|--|

| | |
|---|--|
| 13. PROPOSED PROJECT: Start Date: 2/20/2003 Ending Date: 2/19/2004 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA-6 b. Project: CA-6 |
|---|--|

| | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|-----------|-----------|--------------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|----------|----|-----|---|
| 15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%;">198700.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>.00</td> </tr> </table> | a. Federal | \$ | 198700.00 | b. Applicant | \$ | .00 | c. State | \$ | .00 | d. Local | \$ | .00 | e. Other | \$ | .00 | f. Program Income | \$ | .00 | g. TOTAL | \$ | .00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 7-10-03 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal | \$ | 198700.00 | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| f. Program Income | \$ | .00 | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | .00 | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|--|
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | |
|--|--|--|

| | | |
|--|------------------------------------|--|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | |
| a. Typed Name of Authorized Representative MICHAEL A. DUNBAUGH | b. Title CHIEF OF POLICE | c. Telephone number (707) 543-3559 |
| d. Signature of Authorized Representative | | e. Date Signed 7-10-03 |

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | | | |
|--|------------------------|--|---|---------------------------------------|--|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED July 9, 2003 | | Applicant Identifier #03-442 | |
| Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: Pesticide Action Network North America | | | Organizational Unit: Database Program | | |
| Address (give city, county, State, and zip code): 49 Powell Street, San Francisco, San Francisco County, CA 94102 | | | Name and telephone number of person to be contacted on matters involving this application (give area code) Stephan Orme, 415-981-1771 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2949686 | | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) 501(c)(3) | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ | | | 9. NAME OF FEDERAL AGENCY: EPA Region IX, Marie Ortesi and David Wood | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-463 TITLE: Water Quality Cooperative Agreements | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Innovative Tools for Water Quality Analysis: Pesticide Partitioning Database and Website for TMDL Planning | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California | | | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF: | | | |
| Start Date 10/1/03 | Ending Date 9/30/05 | a. Applicant California 8th | | b. Project all California | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | | |
| a. Federal | \$ 97,000.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/09/03 | | | |
| b. Applicant | \$ 0.00 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| c. State | \$ 0.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | |
| d. Local | \$ 0.00 | <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | | |
| e. Other | \$ 0.00 | | | | |
| f. Program Income | \$ 0.00 | | | | |
| g. TOTAL | \$ 97,000.00 | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Type Name of Authorized Representative Stephen Scholl-Buckwald | | b. Title Managing Director | | c. Telephone Number (415) 981-1771 | |
| d. Signature of Authorized Representative <i>Stephen Scholl-Buckwald</i> | | e. Date Signed July 9, 2003 | | | |

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

| | | | |
|---|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 7/7/03 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | | |
|--|--|--|
| 5. APPLICANT INFORMATION Legal Name: The Regents of the University of California | | Organizational Unit: Sponsored Projects Administration |
| Address (give city, county, State, and zip code): 200 University Office Bldg Riverside, Riverside, CA 92521-0217 | | Name and telephone number of person to be contacted on matters involving this application (give area code): 2003 Ring Carde (909) 787-4492 Technical Jeanne Reyes (909) 787-535 Administrative |

| | |
|---|--|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6006142 | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> |
|---|--|

| | |
|---|--|
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ | 9. NAME OF FEDERAL AGENCY: USDA Forest Service |
|---|--|

| | |
|---|--|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 664 TITLE: Cooperative Forestry Assistance | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pursue Trapping Study and Modeling Work on Lepidoptera Pheromone Study |
|---|--|

| | |
|--|--|
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California | |
|--|--|

| | |
|---|--|
| 13. PROPOSED PROJECT Start Date: 2/1/03 Ending Date: 1/31/05 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 43rd b. Project: 43rd |
|---|--|

| | | | | | | | | | | | | | | | |
|--|--------------|--------------|--------------|--------------|----------|--------|----------|--------|----------|--------|-------------------|--------|----------|--------------|--|
| 15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$ 10,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 10,000.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 20,000.00</td> </tr> </table> | a. Federal | \$ 10,000.00 | b. Applicant | \$ 10,000.00 | c. State | \$.00 | d. Local | \$.00 | e. Other | \$.00 | f. Program Income | \$.00 | g. TOTAL | \$ 20,000.00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/7/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal | \$ 10,000.00 | | | | | | | | | | | | | | |
| b. Applicant | \$ 10,000.00 | | | | | | | | | | | | | | |
| c. State | \$.00 | | | | | | | | | | | | | | |
| d. Local | \$.00 | | | | | | | | | | | | | | |
| e. Other | \$.00 | | | | | | | | | | | | | | |
| f. Program Income | \$.00 | | | | | | | | | | | | | | |
| g. TOTAL | \$ 20,000.00 | | | | | | | | | | | | | | |

| | | |
|--|--|--|
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | |
|--|--|--|

| | | |
|--|--|---------------------------------------|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | |
| a. Type Name of Authorized Representative Jeanne Reyes | b. Title Sr. Contract & Grant Analyst | c. Telephone Number (909) 787-5535 |
| d. Signature of Authorized Representative | | e. Date Signed 7/7/03 |

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|--|--|-------------------------------------|----------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 7/10/03 | Applicant Identifier |
| 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | |

5. APPLICANT INFORMATION

| | |
|--|---|
| Legal Name: ESPARTO COMMUNITY SERVICES DISTRICT | Organizational Unit: ESPARTO COMMUNITY SERVICES DISTRICT |
| Address (give city, county, State, and zip code): P.O. Box 349 16960 YOLO AVE., ESPARTO, CA 95627-0349 | Name and telephone number of person to be contacted on matters involving this application (give area code) DAVID M. HERBST, GEN. MNGR./SUPERINTENDENT (530) 787-4502 |

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6000548

7. TYPE OF APPLICANT: (enter appropriate letter in box) **C**

| | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) _____ |

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es): JUL 10 2003
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
DEPT. OF AGRICULTURE - RURAL DEV'T.,
- RURAL UTILITIES SERVICE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
110-760
 TITLE: **WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
COMMUNITY DOMESTIC WASTEWATER SYSTEM IMPROVEMENTS FOR THE COMMUNITY OF ESPARTO

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
YOLO COUNTY, CA

| | |
|--|--|
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DISTRICTS OF: |
| Start Date FALL '03 Ending Date DEC. '04 | a. Applicant 2ND CONGRESSIONAL DIST. OF CA. b. Project (SAME) |

15. ESTIMATED FUNDING:

| | | | |
|-------------------|----|------------------|----|
| a. Federal | \$ | 1,436,216 | 00 |
| b. Applicant | \$ | 0 | 00 |
| c. State | \$ | 0 | 00 |
| d. Local | \$ | 0 | 00 |
| e. Other | \$ | 0 | 00 |
| f. Program Income | \$ | 0 | 00 |
| g. TOTAL | \$ | 1,436,216 | 00 |

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE **JULY 10, 2003**

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|---|--|--|
| a. Type Name of Authorized Representative David M. Herbst | b. Title GENERAL MANAGER/SUPERINT. | c. Telephone Number (530) 787-4502 |
| d. Signature of Authorized Representative <i>David M. Herbst</i> | e. Date Signed 7/10/03 | |

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|-------------------------|--|---------------------------------------|
| 1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 7/10/03 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: ESPARTO COMMUNITY SERVICES DISTRICT | | Organizational Unit: ESPARTO COMMUNITY SERVICES DISTRICT | |
| Address (give city, county, State, and zip code): P.O. Box 349 16960 YOLO AVE., ESPARTO, CA 95627-0349 | | Name and telephone number of person to be contacted on matters involving this application (give area code): DAVID M. HERBST, GEN. MNGR./SUPERINT. (530) 787-4502 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000548 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) C | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM | | 9. NAME OF FEDERAL AGENCY: DEPT. OF AGRICULTURE - RURAL DEV'T. - RURAL UTILITIES SERVICE | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): YOLO COUNTY, CA. | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY DOMESTIC WATER SYSTEM IMPROVEMENTS FOR THE COMMUNITY OF ESPARTO | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date FALL '03 | Ending Date DEC. '04 | a. Applicant 2 ND CONGRESSIONAL DIST. OF CA. | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 3,938,285.00 | a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE JULY 10, 2003 | |
| b. Applicant | \$ 0.00 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| c. State | \$ 0.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |
| d. Local | \$ 0.00 | | |
| e. Other | \$ 0.00 | | |
| f. Program Income | \$ 0.00 | | |
| g. TOTAL | \$ 3,938,285.00 | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Type Name of Authorized Representative David M. Herbst | | b. Title GENERAL MANAGER/SUPERINT. | c. Telephone Number (530) 787-4502 |
| d. Signature of Authorized Representative David M. Herbst | | e. Date Signed 7/10/03 | |

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|---|---|-----------|--------------|----|-----------|----------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|----------|----|-----------|---|--|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED June 16, 2003 | Applicant Identifier 54-71860 Cutler-Orosi | | | | | | | | | | | | | | | | | | | | | |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier | | | | | | | | | | | | | | | | | | | | | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | | | | | | | | | | | | | | | | | | | | | |
| 5. APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name: Cutler-Orosi Joint Unified School Dist. | | Organizational Unit: school district | | | | | | | | | | | | | | | | | | | | | | |
| Address (give city, county, State, and zip code): 41855 Road 128 Orosi, CA 93647 | | Name and telephone number of person to be contacted on matters involving this application (give area code) Carolyn Kehrli 559-528-6949 | | | | | | | | | | | | | | | | | | | | | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0565326 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">H</div> | | | | | | | | | | | | | | | | | | | | | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award B. Decrease Award C. Increase Duration</div> <div>D. Decrease Duration Other(specify): _____</div> </div> | | 9. NAME OF FEDERAL AGENCY: USDA Redevelopment- Rural | | | | | | | | | | | | | | | | | | | | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right;">10-766</div> TITLE: Community Facilities | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Computer building for Family Education Center | | | | | | | | | | | | | | | | | | | | | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orosi, Cutler, Yettem - Tulare County | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 09 2003 STATE CLEARING HOUSE </div> | | | | | | | | | | | | | | | | | | | | | | |
| 13. PROPOSED PROJECT Start Date: 9/03 Ending Date: 12/03 | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21st | | b. Project: 21st | | | | | | | | | | | | | | | | | | | | | | |
| 15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">25,135.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">20,565.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">45,700.00</td> </tr> </table> | | a. Federal | \$ | 25,135.00 | b. Applicant | \$ | 20,565.00 | c. State | \$ | .00 | d. Local | \$ | .00 | e. Other | \$ | .00 | f. Program Income | \$ | .00 | g. TOTAL | \$ | 45,700.00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 16, 2003 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| a. Federal | \$ | 25,135.00 | | | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | 20,565.00 | | | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | .00 | | | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | .00 | | | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | .00 | | | | | | | | | | | | | | | | | | | | | | |
| f. Program Income | \$ | .00 | | | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | 45,700.00 | | | | | | | | | | | | | | | | | | | | | | |
| | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Type Name of Authorized Representative Frank N. Murphy | | b. Title Superintendent | | | | | | | | | | | | | | | | | | | | | | |
| d. Signature of Authorized Representative | | c. Telephone Number 559-528-4763 e. Date Signed June 16, 2003 | | | | | | | | | | | | | | | | | | | | | | |

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: All Tribes American Indian Charter SchoolAddress: 34320 Valley Center RoadP.O. Box 1432
Valley Center
City

CA
State

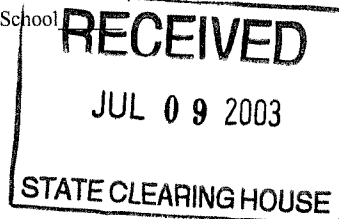
San Diego
County

92082 - 1432
ZIP Code + 4
2. Applicant's D-U-N-S Number 0 3 1 6 2 8 6 5 93. Applicant's T-I-N 3 3 - 0 9 1 9 8 2 94. Catalog of Federal Domestic Assistance #: 84. 3 4 1Title: Community Technology Centers Program5. Project Director: Mary Ann DonohueAddress: 34320 Valley Center Road
Valley Center CA 92082 1432
City State Zip code + 4
Tel. #: (760) 749 - 5982 Fax #: (760) 749 - 4153E-Mail Address: ATAICS@AOL.COM

Organizational Unit

6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)8. Type of Applicant (Enter appropriate letter in the box.) K

| | |
|----------------------|---|
| A - State | F - Independent School District |
| B - Local | G - Public College or University |
| C - Special District | H - Private, Non-profit College or University |
| D - Indian Tribe | I - Non-profit Organization |
| E - Individual | J - Private, Profit-Making Organization |

K - Other (Specify): Public Charter School

Application Information

9. Type of Submission:

| | |
|---|--|
| <u>-PreApplication</u> | <u>-Application</u> |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Non-Construction | <input checked="" type="checkbox"/> Non-Construction |

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7 / 7 / 03☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.
11. Proposed Project Dates: 9 / 15 / 03 5 / 31 / 04

Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☒ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Technology to the Reservation

Estimated Funding

14a. Federal \$ 204,100 . 00
 b. Applicant \$ 226,000 . 00
 c. State \$. 00
 d. Local \$. 00
 e. Other \$. 00
 f. Program Income \$. 00
 g. TOTAL \$ 430,100 . 00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

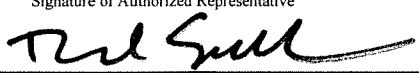
a. Authorized Representative (Please type or print name clearly.)

Mary Ann Donohueb. Title: Administratorc. Tel. #: (760) 749 - 5982 Fax #: (760) 749 - 4153d. E-Mail Address: ataics@aol.com

e. Signature of Authorized Representative

Date: 7 / 7 / 03

Application for Federal Assistance

| | | | |
|---|---|--|--|
| 1. TYPE OF SUBMISSION | | 2. DATE SUBMITTED | Applicant Identifier |
| Application | Preapplication | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| <input checked="" type="checkbox"/> Non-construction | <input type="checkbox"/> Non-construction | | |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: State of California | | Organizational Unit: Department of Health Services | |
| 601 North 7th Street P.O. Box 942732 Sacramento, CA94234-7320 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Glenn Takeoka (916) 327-1053 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0317191 | | 7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____ | | 9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: BEACH | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of Water Quality Monitoring and Public Notification Programs | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) State of California Coastal Counties | | | |
| 13. Proposed Project: | | 14. CONGRESSIONAL DISTRICT OF: | |
| Start Date | End Date | a. Applicant: Department of Health Services | b. Project: State of California Coastal Areas |
| 15. Estimated Funding: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE: May 30, 2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| a. Federal | \$ 532,164 | 17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No | |
| b. Applicant | \$ - | | |
| c. State | \$ - | | |
| d. Local | \$ - | | |
| e. Other: 1:1 Match | \$ | | |
| f. Program Income | | | |
| g. TOTAL | \$ 532,164 | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Typed name of Authorized Representative. David M. Souleles, M.P.H. | | b. Title Chief Deputy Director | c. Telephone Number (916) 657-1425 |
| d. Signature of Authorized Representative  | | e. Date Signed 6/14/03 | |

OMB Approval No. 0348-0043

Previous Edition Usable
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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: City of Richmond

Address: 330 25th St

Richmond

City

Organizational Unit

Employment and Training
Department/YouthWORKS

JUL - 7 2003

STATE CLEARING HOUSE

CA
State

Contra Costa

County

94804

ZIP Code + 4

2. Applicant's D-U-N-S Number

0 7 3 4 9 7 5 8 3

3. Applicant's T-I-N

9 4 - 6 0 0 0 4 0 3

4. Catalog of Federal Domestic Assistance #:

8 4 3 4 1

Title: Community Technology Center

5. Project Director: Tamara Walker

Address: 330 25th St

Richmond

City

CA

State

94804

ZIP Code + 4

Tel. #: (510) 965-9201

Fax #: (510) 235-4384

E-Mail Address: rchyouth@aol.com

6. Novice Applicant ☐ Yes ☒ No

7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No (If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) k

- A State
- B Local
- C Special District
- D Indian Tribe
- E Individual
- F Independent School District
- G Public College or University
- H Private, Non-Profit College or University
- I Non-Profit Organization
- J Private, Profit-Making Organization
- K Other (Specify): Local Government

Application Information

9. Type of Submission:

—PreApplication

☐ Construction

☐ Non-Construction

—Application

☐ Construction

☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/7/2003

☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):

☒ No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

West County Youth Community Technology Center Project

11. Proposed Project Dates:

Start Date:
7/1/2003

End Date:
6/30/2004

Estimated Funding

| | | |
|-------------------|----|------------|
| 14a. Federal | \$ | 495,890.00 |
| b. Applicant | \$ | 335,000.00 |
| c. State | \$ | 90,000.00 |
| d. Local | \$ | 10,000.00 |
| e. Other | \$ | 67,500.00 |
| f. Program Income | \$ | .00 |
| g. TOTAL | \$ | 998,390.00 |

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Upesi Mtambuzi

b. Title

Employment and Training Director

c. Tel. #: (510) 307-8015

Fax #: (510) 307-8072

d. E-Mail Address: umtambuzi@richmondworks.org

e. Signature of Authorized Representative

Upesi Mtambuzi

Date: 7/2/2003

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|--|--|------------------------------|
| 1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED <u>Aug 21, 2002</u> | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

Legal Name: Southern Low Desert Resource Conservation + Development Council

Address (give city, county, State, and zip code):
53-990 Enterprise Way Suite 6B Coachella, CA 92230

Organizational Unit: Non-Profit

Name and telephone number of person to be contacted on matters involving this application (give area code):
Sam Cobb 760-391-9002

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
01-0548550

7. TYPE OF APPLICANT: (enter appropriate letter in box)

| | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) <u>NON-Profit</u> |

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-901

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Information and Education Program.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Riverside, Imperial, and San Diego County

| | | | |
|------------------------------|--------------------------------|---------------------------------|------------|
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date <u>8-21-02</u> | Ending Date <u>12-30-03</u> | a. Applicant | b. Project |

| | | |
|------------------------|-------------------------------|--|
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| a. Federal | S <u>25,000</u> ⁰⁰ | |
| b. Applicant | S _____ ⁰⁰ | |
| c. State | S _____ ⁰⁰ | |
| d. Local | S _____ ⁰⁰ | |
| e. Other | S _____ ⁰⁰ | |
| f. Program Income | S _____ ⁰⁰ | |
| g. TOTAL | S <u>25,000</u> ⁰⁰ | |

| | | |
|--|--|--|
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | |
|--|--|--|

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|---|------------------------------|--|
| a. Type Name of Authorized Representative <u>Thomas Burgin</u> | b. Title <u>President</u> | c. Telephone Number <u>760-347-4799</u> |
| d. Signature of Authorized Representative <u>[Signature]</u> | | e. Date Signed <u>8-21-2002</u> |

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

1

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application
☐ Construction
☒ Non-Construction
☐ Construction
☐ Non-Construction

2. DATE SUBMITTED

June 24, 2003

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

State Application Identifier

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Southern Law Desert RCD Council

Address (give city, county, state, and zip code):
 53990 Enterprise Way
 Suite 6-B
 Coachella, CA 92236

Organizational Unit: Non-Profit

Name and telephone number of person to be contacted on matters involving this application (give area code)

Sam Cobb
 760-391-9002

6. EMPLOYER IDENTIFICATION (EIN):

01-0548550

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District

H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) Non-Profit

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award
 B. Decrease Award
 C. Increase Duration
 D. Decrease Duration
 Other (specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

STATE CLEARING HOUSE
 JUL - 7 2003

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Information and Education Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Central and Eastern Riverside County, all of Imperial County and Eastern San Diego County.

13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date Ending Date
 6-24-03

a. Applicant

b. Project

15. ESTIMATED FUNDING

a. Federal \$ 15,000
 b. Applicant \$
 c. State \$
 d. Local \$
 e. Other \$
 f. Program Income \$
 g. Total \$ 15,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

b. Title

President

c. Telephone Number

760-347-4799

d. Date Signed

6-24-03

d. Signature of Authorized Representative
 Thomas Burgin

STANDARD FORM 424 (REV. 4-92)
 Prescribed by OMB Circular A-102

PRI Award # V341A030107

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Coast Community College DistrictAddress: Coastline Community College11460 Warner AvenueFountain Valley

City

CA
StateOrange
County92708 - 2597
ZIP Code + 4

2. Applicant's D-U-N-S Number |0|8|1|8|1|5|6|5|6|

3. Applicant's T-I-N |9|5|-|6|0|0|2|2|7|2|

4. Catalog of Federal Domestic Assistance #: 84.3|4|1|Title: Community Technology Centers Program5. Project Director: Dr. Chet PlattCoastline Community CollegeAddress: 11460 Warner AvenueFountain Valley

City

CA

State

92708 - 2597

Zip code + 4

Tel. #: (714) 546 - 7600 x17301Fax #: (714) 241 - 6187E-Mail Address: cplatt@cccd.edu

Organizational Unit

COASTLINE COMMUNITY COLLEGE

6. Novice Applicant ☐ Yes ☒ No7. Is the applicant delinquent on any Federal debt? ☐ Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) |G|

A - State

B - Local

C - Special District

University

I - Non-profit Organization

E - Individual

K - Other (Specify):

F - Independent School District

G - Public College or University

H - Private, Non-profit College or

University

D - Indian Tribe

J - Private, Profit-Making Organiza-

tion

Application Information

9. Type of Submission:

-PreApplication

-Application

☐ Construction☐ Construction☐ Non-Construction☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372process for review): 07/03/2003☐ No (If "No," check appropriate box below.)☐ Program is not covered by E.O. 12372.☐ Program has not been selected by State for review.

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

☐ Yes (Provide Exemption(s) #):☐ No (Provide Assurance #):11. Proposed Project Dates: 10/01/2003

Start Date:

09/30/2004

End Date:

13. Descriptive Title of Applicant's Project:

COMMUNITY TECHNOLOGY CENTER - COSTA MESA

Estimated Funding

14a. Federal \$ 400,000 .00b. Applicant \$ 195,687 .00c. State \$.00d. Local \$.00e. Other \$ 222,702 .00f. Program Income \$.00g. TOTAL \$ 818,389 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

William M. Vegab. Title: Chancellorc. Tel. #: (714) 438 - 4888 Fax #: (714) 438 - 4882d. E-Mail Address: bvega@cccd.edu

e. Signature of Authorized Representative

Date: 07/02/2003

PART I - FACE SHEET

| | | | | | | | | | | | | | | | | |
|---|--|--|--------------|--------------|--------------|----------|---------|----------|--------------|----------|---------|-------------------|---------|----------|---------------|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 1. TYPE OF SUBMISSION: Non-Construction | | | | | | | | | | | | | | |
| 2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 07/03/03 | 3. DATE RECEIVED BY STATE: | STATE APPLICATION IDENTIFIER: | | | | | | | | | | | | | | |
| 2b. APPLICATION ID: 038R035902 | 4. DATE RECEIVED: 07/03/03 | GRANT NUMBER: | | | | | | | | | | | | | | |
| 5. APPLICATION INFORMATION | | | | | | | | | | | | | | | | |
| LEGAL NAME: Lifespan Foundation For Human services | | NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Richard Gruner | | | | | | | | | | | | | | |
| ADDRESS (give street address, city, state and zip code): 660 Pismo Street San Luis Obispo CA 93401 | | TELEPHONE NUMBER: 805-544-8740 FAX NUMBER: 805-544-9146 INTERNET E-MAIL ADDRESS: rsvp@slc@abcsglobal.net | | | | | | | | | | | | | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 770433542 | 7. TYPE OF APPLICANT: 7a. Federal Government 7b. Volunteer Management Organization Community-Based Organization | | | | | | | | | | | | | | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration | | 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service | | | | | | | | | | | | | | |
| 10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84.002 10b. TITLE: Retired and Senior Volunteer Program | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central Coast RSVP | | | | | | | | | | | | | | | |
| 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Luis Obispo and northern Santa Barbara counties of California | | | | | | | | | | | | | | | | |
| 13. PROPOSED PROJECT: START DATE: 06/14/03 END DATE: 03/31/04 | 14. PERFORMANCE PERIOD: START DATE: 06/14/03 END DATE: 03/31/04 | | | | | | | | | | | | | | | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 07-JUL-03 | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 77,859.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 39,404.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 39,404.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 117,263.00</td> </tr> </table> | | a. FEDERAL | \$ 77,859.00 | b. APPLICANT | \$ 39,404.00 | c. STATE | \$ 0.00 | d. LOCAL | \$ 39,404.00 | e. OTHER | \$ 0.00 | f. PROGRAM INCOME | \$ 0.00 | g. TOTAL | \$ 117,263.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO |
| a. FEDERAL | \$ 77,859.00 | | | | | | | | | | | | | | | |
| b. APPLICANT | \$ 39,404.00 | | | | | | | | | | | | | | | |
| c. STATE | \$ 0.00 | | | | | | | | | | | | | | | |
| d. LOCAL | \$ 39,404.00 | | | | | | | | | | | | | | | |
| e. OTHER | \$ 0.00 | | | | | | | | | | | | | | | |
| f. PROGRAM INCOME | \$ 0.00 | | | | | | | | | | | | | | | |
| g. TOTAL | \$ 117,263.00 | | | | | | | | | | | | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | | | | | | | | | | | |
| a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Rolf Monteen | b. TITLE: Chairman of the Board | c. TELEPHONE NUMBER: 805-545-8995 | | | | | | | | | | | | | | |
| | | d. DATE: 07/03/03 | | | | | | | | | | | | | | |

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED July 1, 2003 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

5. APPLICANT INFORMATION

| | |
|---|---|
| Legal Name: Tipton Community Services District | Organizational Unit: N/A |
| Address (give city, county, State, and zip code): P.O. Box 266, Tipton, CA 93272 | Name and telephone number of person to be contacted on matters involving this application (give area code) Steven Hunt, Sr. 559-752-4182 |

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

| | |
|---|---|
| <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">—</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">8</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">6</div> | <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">JUL - 7 2003</div> |
|---|---|

7. TYPE OF APPLICANT: (enter appropriate letter in box) G

| | |
|---------------------|--|
| A. State | H. Independent School Dist. |
| B. County | I. State Controlled Institution of Higher Learning |
| C. Municipal | J. Private University |
| D. Township | K. Indian Tribe |
| E. Interstate | L. Individual |
| F. Intermunicipal | M. Profit Organization |
| G. Special District | N. Other (Specify) _____ |

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 USDA Rural Utility Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1

0

—

7

6

3

TITLE: Emergency Community Water Assistance Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 North Burnett Road Water Extension Project.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Community of Tipton

| | | | | | | | | | |
|---|-------------|--------------|--------------|---------|--------|-------------|---|------------|------------|
| 13. PROPOSED PROJECT <table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:30%;">Start Date</td> <td style="width:30%;">Ending Date</td> <td style="width:40%;">a. Applicant</td> </tr> <tr> <td>10/1/03</td> <td>6/1/04</td> <td>21st- Nunes</td> </tr> </table> | Start Date | Ending Date | a. Applicant | 10/1/03 | 6/1/04 | 21st- Nunes | 14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:50%;">b. Project</td> </tr> <tr> <td>21st-Nunes</td> </tr> </table> | b. Project | 21st-Nunes |
| Start Date | Ending Date | a. Applicant | | | | | | | |
| 10/1/03 | 6/1/04 | 21st- Nunes | | | | | | | |
| b. Project | | | | | | | | | |
| 21st-Nunes | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|----|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--------------|----|--|--|--|--|--|--|--|---------------|----------|----|--|--|--|--|--|--|--|---------------|----------|----|--|--|--|--|--|--|--|---------------|----------|----|--|--|--|--|--|--|--|---------------|-------------------|----|--|--|--|--|--|--|--|---------------|----------|----|--|--|--|--|--|--|--|-----------------------|---|
| 15. ESTIMATED FUNDING: <table style="width:100%; font-size: 0.8em;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">329,720⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">329,720⁰⁰</td> </tr> </table> | a. Federal | \$ | | | | | | | | | | | | | | | | | | 329,720 ⁰⁰ | b. Applicant | \$ | | | | | | | | ⁰⁰ | c. State | \$ | | | | | | | | ⁰⁰ | d. Local | \$ | | | | | | | | ⁰⁰ | e. Other | \$ | | | | | | | | ⁰⁰ | f. Program Income | \$ | | | | | | | | ⁰⁰ | g. TOTAL | \$ | | | | | | | | 329,720 ⁰⁰ | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <div style="margin-top: 10px;"> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="margin-left: 40px;">DATE 07/01/03</div> </div> <div style="margin-top: 10px;"> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW </div> |
| a. Federal | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | 329,720 ⁰⁰ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | | | | | | | | ⁰⁰ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | | | | | | | | ⁰⁰ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | | | | | | | | ⁰⁰ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | | | | | | | | ⁰⁰ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Program Income | \$ | | | | | | | | ⁰⁰ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | | | | | | | | 329,720 ⁰⁰ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|---|-----------------------|---------------------------------------|
| a. Type Name of Authorized Representative Steven Hunt, Sr. | b. Title President | c. Telephone Number (559) 752-4182 |
| d. Signature of Authorized Representative | | e. Date Signed July 1, 2003 |

Application for Federal Education Assistance (ED 424)


U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information
1. Name and Address

 Legal Name: Jobs For Progress, Inc. - Fresno County SER

 Address: 407 S. Clovis, Suite 109
Fresno
City

CA
State

Fresno
County

93727
ZIP Code + 4

2. Applicant's D-U-N-S Number 014790211917
3. Applicant's T-I-N 91411211886091
4. Catalog of Federal Domestic Assistance #: 84.341

 Title: Community Technology Centers Program
5. Project Director: Rebecca Mendibles

 Address: 407 S. Clovis, Suite 109
Fresno CA 93727
City State Zip code + 4
Tel. #: (559) 452-0881 Fax #: (559) 452-8038

 E-Mail Address: becki.m@netzero.net

Organizational Unit

SER-Jobs For Progress, Inc.
6. Novice Applicant Yes ☒ No
7. Is the applicant delinquent on any Federal debt? Yes ☒ No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) 1

 A - State
B - Local
C - Special District
D - Indian Tribe
E - Individual
F - Independent School District
G - Public College or University
H - Private, Non-profit College or University
I - Non-profit Organization
J - Private, Profit-Making Organization

K - Other (Specify): _____

Application Information
9. Type of Submission:

 -PreApplication
Construction
Non-Construction
-Application
Construction
☒ Non-Construction

10. Is application subject to review by Executive Order 12372 process?
☒ Yes (Date made available to the Executive Order 12372 process for review): 07 / 07 / 03
☐ No (If "No," check appropriate box below.)
☐ Program is not covered by E.O. 12372.
☐ Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 03 9 / 30 / 04
Start Date: End Date:

12. Are any research activities involving human subjects planned at any time during the proposed project period?
☐ Yes (Go to 12a.) ☒ No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?
☐ Yes (Provide Exemption(s) #): _____
☐ No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:
SER Rural Community Technology Center Program
Estimated Funding

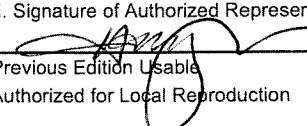
| | | |
|--------------------------|-------------------|-----|
| 14a. Federal | \$ <u>419,336</u> | .00 |
| b. Applicant | \$ <u>33,816</u> | .00 |
| c. State | \$ <u>97,268</u> | .00 |
| d. Local | \$ <u>30,000</u> | .00 |
| e. Other | \$ <u>50,000</u> | .00 |
| f. Program Income | \$ <u>0</u> | .00 |
| g. TOTAL | \$ <u>630,420</u> | .00 |

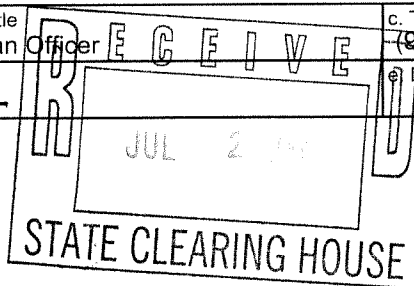
Authorized Representative Information
15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
a. Authorized Representative (Please type or print name clearly.)
Rebecca Mendibles
b. Title: Executive Director
c. Tel. #: (559) 452 - 0881 **Fax #:** (559) 452 - 8038
d. E-Mail Address: becki.m@netzero.net
e. Signature of Authorized Representative
Rebecca Mendibles

 Date: 07 / 07 / 03

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|--|-----------------------|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED July 1, 2003 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: Human Response Network | | Organizational Unit: | |
| Address (give city, county, State, and zip code): PO Box 2370 Weaverville, Trinity County, CA 96093 | | Name and telephone number of person to be contacted on matters involving this application (give area code) Jerry Cousins, ex dir, (530) 623-2024 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0032176 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Nonprofit</u> </div> </div> | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____ | | 9. NAME OF FEDERAL AGENCY: USDA - Rural Development | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-776 TITLE: Community Facility Loan and Grant Program | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New building for Human Response Network After School Program and Youth Center | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Weaverville, Trinity County, CA | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date 8/1/03 | Ending Date 2/1/04 | a. Applicant 2nd California District: Wally Herger b. Project same | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal \$.00 b. Applicant \$ 64,000 c. State \$.00 d. Local \$.00 e. Other <u>Loan from Rural Community Assistance Corporation, with</u> \$ 139,055 f. Program Income <u>USDA, community facilities loan guarantee</u> \$.00 g. TOTAL \$ 203,055 | | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/01/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Type Name of Authorized Representative Holly Wunder Stiles, Rural Community Assitanc | | b. Title Loan Officer | |
| d. Signature of Authorized Representative  | | c. Telephone Number (530) 447-9832 x107 e. Date Signed July 1, 2003 | |



APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
06/19/03

OMB Approval No. 0348-0043

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier
JUL - 2 2003

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name:

City of Mendota

Organizational Unit:

Administration -- City Manager

Address (give city, county, state, and zip code)

City of Mendota
643 Quince Street
Mendota, CA 93640

Name and telephone number of the person to be contracted on matters involving this application (give area code)

Shahid (Sid) Hami
City Manager
(559) 655-3291

EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 0 3 6 9

6. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A Increase Award B Decrease Award C Increase Duration
D Decrease Duration Other (specify)

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Interdependent School District
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify)

9. NAME OF FEDERAL AGENCY

US Dept of Transportation, Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE: Airport Improvement Program (AIP)

2 0 1 0 6

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City of Mendota, in Fresno County

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

City of Mendota Airport Improvement and Rehabilitation Project, Phase I. Components will include: widening runway from 50' to 60'; rehabilitate existing runway and portions of the taxiway pavement.

13. PROPOSED PROJECT

Start Date
9/01/03 or
sooner

Ending Date
06/04

14. CONGRESSIONAL DISTRICTS OF

a. Applicant
20th

b. Project
20th

15. ESTIMATED FUNDING

| | |
|-------------------|------------|
| a. Federal | \$ 223,400 |
| b. Applicant | \$ 22,340 |
| c. State | \$ |
| d. Local | \$ |
| e. Other | \$ |
| f. Program income | \$ |
| g. TOTAL | \$ 245,740 |

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: June 18, 2003 7/2/03 CPG

b. NO ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If yes, attach an explanation ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Shahid (Sid) Hami

b. Title

City Manager

c. Telephone number

(559) 655-3291

d. Signature of Authorized Representative

e. Date Signed

6/17/03

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | |
|------------------------------------|------------------------------|
| 2. DATE SUBMITTED June 25 2003 | Applicant Identifier |
| 3. DATE RECEIVED BY STATE | State Application Identifier |
| 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | |
|--|---|
| 1. TYPE OF SUBMISSION: | Preapplication |
| <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction |

| | |
|--|---|
| 5. APPLICANT INFORMATION | |
| Legal Name: Frazier Park Public Utility District | Organizational Unit: Special District |
| Address (give city, county, State, and zip code): 4020 Park Drive Frazier Park, CA 93225 | Name and telephone number of person to be contacted on matters involving this application (give area code) Joy Oldright, President, (661) 245-3734 |

| | |
|---|--|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6004070 | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ |

| |
|--|
| 9. NAME OF FEDERAL AGENCY: USDA/Rural Development |
|--|

| | |
|--|---|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-763 EMERGENCY COMM. WATER ASST. GRANTS TITLE: Water & Waste Disposal Loan & Grant Program | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Frazier Park Water System Improvements Replace well(s), deteriorated water storage tanks, leaking & exposed waterlines, with new looped water lines, new storage tanks, well(s), Transmission line & related facilities |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Frazier Park PUD, Kern County, California | |

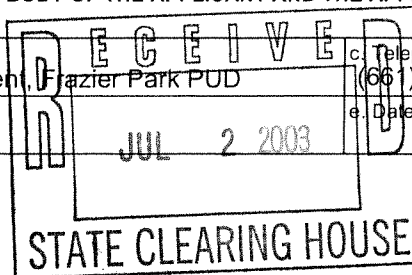
| | |
|-------------------------------------|---------------------------------|
| 13. PROPOSED PROJECT Multi-Phase | 14. CONGRESSIONAL DISTRICTS OF: |
| Start Date 4/01/03 | Ending Date 7/31/04 |
| a. Applicant 22- THOMAS | b. Project 22 -THOMAS |

| | |
|----------------------------|--|
| 15. ESTIMATED FUNDING: | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| a. Federal \$ 5,083,100.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE JUNE 25, 2003 |
| b. Applicant \$ | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| c. State \$ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| d. Local \$ | <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |
| e. Other \$ | |
| f. Program Income \$ | |
| g. TOTAL \$ 5,083,100 | |

| | | |
|---|---|---------------------------------------|
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | |
| a. Type Name of Authorized Representative Joy Oldright | b. Title President, Frazier Park PUD | c. Telephone Number (661) 245-3734 |
| d. Signature of Authorized Representative | | e. Date Signed JUNE 25, 2003 |

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

| | | | |
|---|------------------------|---|--|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 6/24/03 | Applicant Identifier 0941746464 |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY 6/24/03 | Federal Identifier 04-057-0941746464 |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: D-a university | | Organizational Unit: | |
| Address (give city, county, state, and zip code): P.O. Box 409 Davis, CA 95617-0409 | | Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. Morgan Otis Jr. 530 758 0470 ext 1014 | |
| 6. EMPLOYER IDENTIFICATION (EIN): 94-1746464 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-profit </div> </div> | |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify): | | 9. NAME OF FEDERAL AGENCY: USDA - Rural Development | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: NOFA 10-766 | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Completion of Day Care/ Student Union Bldg. | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tribal College in Yolo Co | | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 01 2003 STATE CLEARINGHOUSE </div> | |
| 13. PROPOSED PROJECT | | | |
| Start Date | Ending Date | 14. CONGRESSIONAL DISTRICTS OF: Wally Henger | |
| | | b. Project | |
| 15. ESTIMATED FUNDING | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 192,313 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/30/03 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| b. Applicant | \$ 72,104 | | |
| c. State | \$ | | |
| d. Local | \$ | | |
| e. Other | \$ | | |
| f. Program Income | \$ | | |
| g. Total | \$ 264,417 0.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Type Name of Authorized Representative DAVID R. Childress | | b. Title President, Acting | |
| d. Signature of Authorized Representative <i>[Signature]</i> | | c. Telephone Number (530) 758-0470 | |
| | | e. Date Signed 6/24/03 | |

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED 6/23/03 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | | | | | | | | | | | | | | | |
|--|---|------------|--------------|--------------|--------------|----------|--------------|----------|--------|----------|--------|-------------------|--------|----------|--------------|
| 5. APPLICANT INFORMATION Legal Name: CASTELANELLI BROS. DAIRY Address (give city, county, State, and zip code): 401 W. ARMSTRONG ROAD, LODI, CA 95242 Organizational Unit: PARTNERSHIP | | | | | | | | | | | | | | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-11190154 | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> M </div> | | | | | | | | | | | | | | |
| 8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other(specify): _____ </div> <div> C. Increase Duration </div> </div> | | | | | | | | | | | | | | | |
| 9. NAME OF FEDERAL AGENCY: UNITED STATES DEPARTMENT OF AGRICULTURE | | | | | | | | | | | | | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: NA RENEWABLE ENERGY SYSTEMS & ENERGY TITLE: EFFICIENCY GRANT PROGRAM | | | | | | | | | | | | | | | |
| 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ANAEROBIC DIGESTION OF DAIRY MANURE FOR POWER GENERATION AT CASTELANELLI BROS. DAIRY | | | | | | | | | | | | | | | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): LODI, SAN JOAQUIN, CALIFORNIA | | | | | | | | | | | | | | | |
| 13. PROPOSED PROJECT Start Date: 8/30/2003 Ending Date: 8/30/2004 | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CALIFORNIA 11TH DISTRICT b. Project: CALIFORNIA 11TH DISTRICT | | | | | | | | | | | | | | |
| 15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 166580.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 166580.00</td> </tr> <tr> <td>c. State</td> <td>\$ 333160.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 666320.00</td> </tr> </table> | | a. Federal | \$ 166580.00 | b. Applicant | \$ 166580.00 | c. State | \$ 333160.00 | d. Local | \$.00 | e. Other | \$.00 | f. Program Income | \$.00 | g. TOTAL | \$ 666320.00 |
| a. Federal | \$ 166580.00 | | | | | | | | | | | | | | |
| b. Applicant | \$ 166580.00 | | | | | | | | | | | | | | |
| c. State | \$ 333160.00 | | | | | | | | | | | | | | |
| d. Local | \$.00 | | | | | | | | | | | | | | |
| e. Other | \$.00 | | | | | | | | | | | | | | |
| f. Program Income | \$.00 | | | | | | | | | | | | | | |
| g. TOTAL | \$ 666320.00 | | | | | | | | | | | | | | |
| 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/23/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | | | | | | | | | | | | | |
| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | | | | | | | | | | |
| a. Type Name of Authorized Representative LARRY L CASTELANELLI | b. Title owner | | | | | | | | | | | | | | |
| c. Telephone Number 809 347-7721 | | | | | | | | | | | | | | | |
| d. Signature of Authorized Representative Larry L Castellanelli | e. Date Signed 6-17-03 | | | | | | | | | | | | | | |

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

ATION FOR RAL ASSISTANCE

| | | | |
|--|--|------------------------------------|------------------------------|
| TYPE OF SUBMISSION: | | 2. DATE SUBMITTED 6-12-03 | Applicant Identifier |
| Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | |
|---|--|
| 5. APPLICANT INFORMATION | |
| Legal Name: Planada Community Development Corporation | Organizational Unit: |
| Address (give city, county, State, and zip code): 9167 Stanford Ave Po. Box 1045 Planada, CA 95365 | Name and telephone number of person to be contacted on matters involving this application (give area code): David Corser (209) 382-2321 |

| | |
|---|---|
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0376819 | 7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Org. |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | |

| |
|--|
| 9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development |
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| | |
|--|---|
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planada Learning Center Events Materials Equipment |
| TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Planada, CA | |

| | |
|--|--|
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DISTRICTS OF: 18 th District (Cardoza) |
| Start Date: 7/1/03 Ending Date: 6/30/04 | a. Applicant: Planada b. Project: 18 th |

| | |
|--------------------------|--|
| 15. ESTIMATED FUNDING: | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| a. Federal \$ 15,000.00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/12/03 |
| b. Applicant \$.00 | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| c. State \$.00 | |
| d. Local \$.00 | |
| e. Other \$ 5,000.00 | |
| f. Program Income \$.00 | |
| g. TOTAL \$ 20,000.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No |

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

| | | |
|--|-------------------------------|-------------------------------------|
| a. Type Name of Authorized Representative David C. Corser | b. Title Programs Director | c. Telephone Number 209-382-2321 |
| d. Signature of Authorized Representative David C. Corser | e. Date Signed 6/12/03 | |

RECEIVED
JUL 01 2003

STATE CLEARINGHOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

| | | | |
|---|--|---|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED June 17, 2003 | Applicant Identifier |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | | | |
|--|-----------------------------|--|---------------------------------------|
| 5. APPLICANT INFORMATION Legal Name: Asociacion Campesina Lazaro Cardenas, Inc. (ACLC, Inc.) | | Organizational Unit: Non profit housing development agency | |
| Address (give city, county, State, and zip code): 42 N. Sutter Street, Suite 406 Stockton, CA 95202 | | Name and telephone number of person to be contacted on matters involving this application (give area code): Winnie R. Ontiveros, Project Manager (209) 466-6811 Fax (209) 466-3465 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 — 0062062 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non profit</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> </div> | |
| 8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other(specify): </div> <div> C. Increase Duration </div> </div> | | 9. NAME OF FEDERAL AGENCY: USDA Rural Development | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 — 405</div> </div> TITLE: 514 Farm Labor Housing Program | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 76 unit Farmworker Housing project located in the unincorporated area of Stockton. These units will consist of 2 br, 3 br and 4 br units complete with amenities that include Star rated appliances, dual pane windows and washer and dryer hook ups in the units. | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Stockton, San Joaquin County, California | | | |
| 13. PROPOSED PROJECT | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date 12/1/03 | Ending Date 5/31/05 | a. Applicant ACLC, Inc. | |
| | | b. Project Valle del Sol Townhomes | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 750,000 ⁰⁰ | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| b. Applicant | \$ 189 ⁰⁰ | | |
| c. State | \$ 2,330,192 ⁰⁰ | | |
| d. Local | \$ 250,001 ⁰⁰ | | |
| e. Other | \$ 413,384 ⁰⁰ | | |
| f. Program Income | \$ 10,564,566 ⁰⁰ | | |
| g. TOTAL | \$ 14,308,332 ⁰⁰ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Type Name of Authorized Representative Carol J. Ornelas | | b. Title Chief Executive Officer | c. Telephone Number (209) 466-6811 |
| .. Signature of Authorized Representative | | e. Date Signed | |